

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 28, 2011	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> February 28, 2011		Federal Identifier	

**5. APPLICANT INFORMATION**

Legal Name: State of Montana		<b>Organizational Unit:</b> Department: Commerce	
Organizational DUNS: 80-979-0579		Division: Community Development	
<b>Address:</b> Street: 301 S Park Avenue		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: 1) Jennifer 2) Becky	
City: Helena		Middle Name	
County: Lewis and Clark		Last Name 1) Olson 2) Anseth	
State: MT	Zip Code 59601	Suffix:	
Country: USA		Email: 1)jeolson@mt.gov 2)banseth@mt.gov	

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 81-0302402

**8. TYPE OF APPLICATION:**  
☒ New ☐ Continuation ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 A. State Government  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
 U.S. Department of Housing & Urban Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 14-228  
 TITLE (Name of Program):  
 Neighborhood Stabilization Program 3

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Neighborhood Stabilization Program 3 (NSP3)

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Statewide, NSP3 Areas of Greatest Need

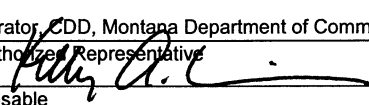
**13. PROPOSED PROJECT**  
 Start Date: April 15, 2011 Ending Date: April 15, 2014

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant Montana b. Project All

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 5,000,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ .00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 5,000,000.00		

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**

Prefix Ms	First Name Kelly	Middle Name
Last Name Casillas		Suffix
<b>b. Title</b> Division Administrator, CDD, Montana Department of Commerce		<b>c. Telephone Number (give area code)</b> 406-841-2700
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 2/28/2011